



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000003**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **RHODE IS. RACING PIGEON CLUB OF MASS., INC.**

DOING BUSINESS AS

ADDRESS: **COLVIN STREET**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **ARAUJO,
EDWARD**

TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**ALL ROOMS TWO FLOORS OF A 2 STORY BLDG. STORAGE ROOM FOR ALCOHOL ON
SECOND FLOOR. BASEMENT BAR AREA AND MAIN LEVEL MEETING AREA, 2 EXITS**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

014-54-7135

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000005**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **WETHERLAINE, INC**

DOING BUSINESS AS **WETHERLAINE'S**

ADDRESS: **266 COUNTY STREET**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **WETHERBEE,JAC** TYPE OF LICENSE: **Restaurant**
K

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**1 FLOOR,1 STORY BLDG, 2 ROOMS WITH CELLAR FOR STORAGE 2 ENTRANCES AND
EXITS. FRONT AND REAR ROOMS, ONE ENTRANCE/EXIT IN KITCHEN**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

035-46-0003

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000007**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **STONE-E-LEA GOLF COURSE INC**

DOING BUSINESS AS

ADDRESS: **1411 COUNTY STREET**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **LA PIERRE,
DAVID M.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**ONE ROOM ON THE FIRST FLOOR OF A TWO STORY BLDG AND STORAGE ROOM FOR
ALCOHOLIC BEVERAGES**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

042-49-7904

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000008**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **JOYCE I. LYONS**

DOING BUSINESS AS **LYONS DEN**

ADDRESS: **013-15 DUNHAM ST**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER:

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**ALL ROOMS ON THE FIRST FLOOR OF A TWO STORY BLDG INCLUDING BAR,
KITCHEN,DINING ROOM AND CELLAR FOR STORAGE OF ALCHOLIC BEVERAGES**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

028-40-9984

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000011**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **SOUTH ATTLEBORO COLUMBIAN CORP.**

DOING BUSINESS AS

ADDRESS: **304 HIGHLAND AVENUE**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **ST. PIERRE,
ROGER M.**

TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

FOUR ROOMS, FIRST FLOOR OF A ONE STORY BUILDING WITH NO CELLAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

042-62-5322

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000014**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **HIGHLAND COUNTRY CLUB OF ATTLEBORO MASS.**

DOING BUSINESS AS

ADDRESS: **104 MECHANIC STREET**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **PICARD,DONNA J.** TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

ALL ROOMS, TWO FLOORS OF A TWO-STORY BLDG. & BASEMENT AND A 12'X70' STONE PATIO ATTACHMENT TO THE S/SIDE OF CLUBHOUSE ALONG THE FAIRWAY.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

041-43-8990

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000015**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **SOUTH ATTLEBORO POST #312 INC. THE**

DOING BUSINESS AS

ADDRESS: **437 NEWPORT AVENUE**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **CANNON, ALBERT** TYPE OF LICENSE: **Veterans club** CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

ALL ROOMS TWO FLOORS OF A TWO STORY BUILDING AND BASEMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

046-11-1799

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

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DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000017**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **A.C. RESTAURANTS, INC.**

DOING BUSINESS AS **COL BLACKINTON INN**

ADDRESS: **203-07 NO. MAIN ST**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **CANOVA,
ANTONY M.**

TYPE OF LICENSE: **Innholder**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

7 AREA ROOMS, LOBBY, FOYER, SITTING, DEN, SITTING ROOM, TEA/GIFT ROOM, 2 DINING ROOMS. ON THE FIRST FLOOR OF A 2 1/2 STORY BLDG WITH CELLAR CRAWL SPACE FOR STORAGE OF ALCOHOLIC BEVERAGES, OUTSIDE PATIO AREA AND CARRIAGE SHED. RECEPTION ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

030-46-0402

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000024**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **DEPINA'S PLACE**

DOING BUSINESS AS **PLEASANT STREET BAR & GRILL**

ADDRESS: **50 PLEASANT STREET**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **DEPINA,BENVIND O**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

ALL ROOMS ON THE FIRST FLOOR OF A ONE STORY BLDG

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

272-11-8676

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000026**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **Giknini, Inc**

DOING BUSINESS AS **Blue Moon Restaurant & Bar**

ADDRESS: **183 PLEASANT ST**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **Liu, Xue Jing**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**ONE STORY BLDG LOCATED IN A MINI MALL. RESTAURANT HAS ONE DINING ROOM,
ONE LOUNGE/WAITING AREA, KITCHEN, STORAGE AREA, RESTROOMS. MAIN ENTRANCE
ON PLEASANT ST SIDE OF BLDG**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

205-80-8150

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000028**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **P-A RESTAURANT INC**

DOING BUSINESS AS

ADDRESS: **65 PRAIRIE AVENUE**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **LAUREANO,
DEODATO**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

ALL ROOMS ON THE FIRST FLOOR OF A ONE STORY BLDG AND BASEMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

041-73-8175

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000030**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **MORIN'S DINER INC**

DOING BUSINESS AS **MORIN'S GRILLE & SPIRITS**

ADDRESS: **016-20 SOUTH MAIN ST**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **MORIN, WILLIAM J.** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

BLDG. WILL CONSIST OF 8 DINING RMS.A NEW OUTSIDE DIN- ING AREA. EXITING DOOR WILL BE REMOVED,AN EXISTING PARTITION TO MAINTAIN ARCHFORM ON DINING ROOM SIDE & REMOVING AN EXISTING BAR. MAIN ENTERANCE WAY WILLBE TO THE OUTSIDE DINING AREA.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

042-02-1714

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000032**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ATTLEBORO LODGE B.P.O.ELKS #1014**

DOING BUSINESS AS

ADDRESS: **887 SOUTH MAIN ST.**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **MACK, JOHN C.
SR.**

TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

3 ROOMS ON THE FIRST FLOOR OF A ONE STORY BLDG, BASEMENT BAR, ALSO USED FOR STORAGE. PAVILLION AREA LOCATED 115 FT OFF BUILDING. BUILDING HAS EIGHT ENTRANCES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

041-04-9420

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000033**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ATTLEBORO LODGE #463 LOYAL ORDER OF MOOSE**

DOING BUSINESS AS

ADDRESS: **241 THATCHER ST**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **MCCARTHY,
GARY**

TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**THREE ROOMS FIRST FLOOR OF A ONE STORY BLDG, CARD ROOM WITH OUTSIDE EXITS
AND BAR PASSAGE TO HALL AND CARD ROOM.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

041-55-8990

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN [ATTLEBORO](#)

LICENSE NUMBER: [005000034](#)

APPLICATION FOR RENEWAL:

[Annual](#)

LICENSED FOR [2013](#)

CLASS

YEAR

LICENSEE NAME: [E.T.C. LOUNGE INC.](#)

DOING BUSINESS AS [E.T.C. LOUNGE](#)

ADDRESS: [153 TURNER STREET](#)

CITY/TOWN [ATTLEBORO](#)

STATE: [MA](#)

ZIP CODE: [02703](#)

MANAGER: [LAJOIE, SALLY A.](#) TYPE OF LICENSE: [Restaurant](#)

CATEGORY: [All Alcohol](#)

DESCRIPTION OF LICENSED PREMISES:

[TWO ROOMS OF A ONE STORY BLDG](#)

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

[261-65-1112](#)

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000037**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **WONG CAFE INC**

DOING BUSINESS AS **MON KOU REST**

ADDRESS: **676 WASHINGTON ST**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **LONG, BAILEY W.** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

ALL ROOMS ON 1ST FLR OF A 1 STORY BLDG CONSISTING OF A LARGE DINING ROOM, BAR, LOUNGE & KITCHEN. CELLAR FOR STORAGE OF ALCOHOLIC BEVERAGES. FRONT ENTRANCE ON WASHINGTON ST SIDE DOOR KITCHEN SOUTH, REAR DOOR NORTH.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

042-49-9676

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000041**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **LOMIK, INC.**

DOING BUSINESS AS **CITY SPIRITS**

ADDRESS: **074-76 PARK ST**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **BELLEROSE,
WAYNE**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**TWO ROOMS, FIRST FLOOR OF A ONE STORY BLDG. CELLAR FOR STORAGE OF
ALCOHOLIC BEVERAGES**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

043-06-5329

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000044**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **JOAN BRANCO**

DOING BUSINESS AS **JOE'S MARKET**

ADDRESS: **75 LINDEN STREET**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER:

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and
Malt Regular**

DESCRIPTION OF LICENSED PREMISES:

**TWO ROOMS FIRST FLOOR OF A ONE STORY BLDG. ONE ROOM OF WHICH IS TO BE USED
FOR STORAGE OF AB. CELLAR FOR STORAGE OF AB**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

203-97-8445

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000046**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **SAREBSU,INC.**

DOING BUSINESS AS **BRIGGS CORNER STORE**

ADDRESS: **1503 PARK ST.**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **MARTIN, SHAWN** TYPE OF LICENSE: **Package Store** CATEGORY: **All Alcohol**
S.

DESCRIPTION OF LICENSED PREMISES:

1503 PARK ST. ONE STORY BRICK AND CINDER BLOCK BLDG. THREE ROOMS NO CELLAR. FRONT 58' DEPTH 50'. TWO DOUBLE FRONT DOORS AND EXIT DOORS IN REAR, TOGETHER WITH THE ADDITION

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

205-89-4210

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000047**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **YANKEE SPIRITS, INC.**

DOING BUSINESS AS

ADDRESS: **628 WASHINGTON STREET**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **ROY, RAYMOND** TYPE OF LICENSE: **Package Store** CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

BRICK BUILDING, WALK IN COOLERS IN THE REAR. ENTRENCE AND EXITSM IN NTHE FRONT AND TO THE RIGHT OF MAIN ENTRANCE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

042-47-3634

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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239 Causeway Street
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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN [ATTLEBORO](#)

LICENSE NUMBER: [005000048](#)

APPLICATION FOR RENEWAL:

[Annual](#)

LICENSED FOR [2013](#)

CLASS

YEAR

LICENSEE NAME: [ZIPS LIQUOR CHEST, INC.](#)

DOING BUSINESS AS

ADDRESS: [195 PINE STREET](#)

CITY/TOWN [ATTLEBORO](#)

STATE: [MA](#)

ZIP CODE: [02703](#)

MANAGER: [GEMME,
EDWARD C.](#)

TYPE OF LICENSE: [Package Store](#)

CATEGORY: [All Alcohol](#)

DESCRIPTION OF LICENSED PREMISES:

[FOUR ROOMS FIRST FLOOR OF A TWO STORY BLDG WITH CELLAR FOR STORAGE OF
ALCOHOLIC BEVERAGES](#)

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

[043-36-0059](#)

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000049**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **PHILMAR CORPORATION**

DOING BUSINESS AS **CITY SPIRITS II**

ADDRESS: **75 PLEASANT STREET**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **FOSTER,
MICHAEL A.**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

FOUR ROOMS, FIRST FLOOR OF A ONE STORY BLDG

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000052**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **MCMAC SPIRITS, INC.**

DOING BUSINESS AS **TWIN LIQUORS**

ADDRESS: **827 SOUTH MAIN STREE**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **MCINTYRE,
PAMELA**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

014-40-3630

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000054**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **CASTRO COUNTY SQUARE INC**

DOING BUSINESS AS

ADDRESS: **412-41 THATCHER STR**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **CASTRO,
ANTHONY S.**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**BLDG. CONSISTS OF 6 RMS. ON 1ST. FL.OF 1 STORY BLDG. FRONT RM. IS FOR SALES.
5RMS. IN BACK FOR STORAGE. 1 RM.IN BACK OF 412 THACHER ST.DBLE DOORS ON
THACHER ST.BEING REMOVED, SINGLE CENTER DOOR WILL BE CLOSED,DR. AT CORNER
TO REMAIN OPEN,NEW DR.ON COUNTY ST. SIDE OF BLDG.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

042-90-2835

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000060**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **DHIREN CORPORATION**

DOING BUSINESS AS **DOGEVILLE COUNTRY STORE**

ADDRESS: **408 SOUTH MAIN STREET**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **PATEL, DHIREN**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and
Malt Regular**

DESCRIPTION OF LICENSED PREMISES:

BLDG. TO BE CONSTRUCTED WILL BE A 1 1/2 STORY BLDG. CONSISTING OF WOOD & ALUMINUM W/ SALES OF BEER/WINE TO BE CONDUCTED ON 1ST FLR AND STORAGE OF BEER/WINE ON THE 2ND FLR. OFFICE FOR BUSINESS WILL BE ON 2ND BLDG. CONSISTS OF APPROX. 1,377 SQ FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

043-55-1763

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000068**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **CEC ENTERTAINMENT, INC.**

DOING BUSINESS AS **CHUCK E CHEESE**

ADDRESS: **287 WASHINGTON ST**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **MARTEL, NICOLE** TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and
Malt Regular**

DESCRIPTION OF LICENSED PREMISES:

**ONE STORY BLDG WITH SHOWROOM, SKILL AREA, KITCHEN. MAIN ENTRANCE AT
FRONT OF BLDG**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

480-90-5805

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000070**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **GMRI, INC**

DOING BUSINESS AS **THE OLIVE GARDEN ITALIAN RESTAURANT**

ADDRESS: **1270 NEWPORT AVE**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **WEI-HSU, MENG**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**1 STORY BULD. 10 DINING ROOMS, CAFE AREA, BAR, KITCHEN, AND STORAGE AREA.
ENTRANCE AND EXITS IN FRONT OF BUILDING. WALKS/PARKING WILL BE MODIFIED TO
BRING INTO COMPLIANCE WITH ADA GUIDELINES. SEATING CAPACITY 293.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

591-21-9168

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000073**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **99 WEST, INC**

DOING BUSINESS AS **99 RESTAURANT-PUBS**

ADDRESS: **2 WASHINGTON ST**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **Tellier, Paul A.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG WITH FULL SERVICE RESTAURANT AND BAR IN CENTER OF RESTAURANT. TOTAL SEATING CAPACITY IS 242

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

042-58-0280

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000074**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **RUBY TUESDAY, INC**

DOING BUSINESS AS **RUBY TUESDAY**

ADDRESS: **ROUTE 1 & HIGHLAND AVE**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **MARSCHATE,
LOUIS**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**DINING AREAS, KITCHEN, OFFICE AND STORAGE, BAR, RECEPTION AREA. ONE
ENTRANCE AND TWO EXITS**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

630-47-5239

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN [ATTLEBORO](#)

LICENSE NUMBER: [005000078](#)

APPLICATION FOR RENEWAL:

[Annual](#)

LICENSED FOR [2013](#)

CLASS

YEAR

LICENSEE NAME: [J&D PIZZA, INC.](#)

DOING BUSINESS AS [BRIGGS CORNER CAFE](#)

ADDRESS: [1123 OAK HILL AVENUE](#)

CITY/TOWN [ATTLEBORO](#)

STATE: [MA](#)

ZIP CODE: [02703](#)

MANAGER: [NICOLOS, JANET](#) TYPE OF LICENSE: [Restaurant](#)
[GIBBS](#)

CATEGORY: [All Alcohol](#)

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

[042-80-4316](#)

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000082**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **HASMUKH PATEL**

DOING BUSINESS AS **NAP'S PACKAGE STORE**

ADDRESS: **267 PARK STREET**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER:

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and
Malt Regular**

DESCRIPTION OF LICENSED PREMISES:

**SINGLE STORY BLDG WITH CELLAR, FRONT ENTRANCE AND SIDE ENTRANCE RIGHT
SIDE. BUSINESS AREA ON FIRST FLOOR WITH COUNTER AND TWO COOLERS IN THE
REAR OF THE STORE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

043-18-0536

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000083**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **LOCUST VALLEY MANAGEMENT CORP**

DOING BUSINESS AS **LOCUST VALLEY COUNTRY CLUB**

ADDRESS: **106 LOCUST ST**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **ANDERSON,
ARTHUR G. JR.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**SINGLE STORY STRUCTURE WITH COVERED EXTERIOR PORCH. SEVERAL ENTRANCES
AND EXITS...SEVERAL EXITS AND ENTRANCES INCLUDING THE NINE HOLE GOLF
COURSE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

043-30-7113

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000085**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **HEARTH'N KETTLE OF ATTLEBORO, INC.**

DOING BUSINESS AS **HEARTH'N KETTLE RESTAURANT**

ADDRESS: **WASHINGTON STREET**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **CATANIA,
WILLIAM V.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

043-47-1200

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000088**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **HASSAN ENTERPRISES, INC**

DOING BUSINESS AS **PATRIOT LIQUORMART**

ADDRESS: **185 PLEASANT STREET**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **CHRISTMAS,
HASSAN R**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**BUILDING CONSISTS OF ONE STORY CONTAINING 1,440 SQ. F T. OF FLOOR SPACE.
ENTRANCE AND EXIT WILL BE ON PLEASANT STREET. STORAGE OF ALCOHOLIC
BEVERAGES WILL BE INSIDE THE STORE IN COOLERS AND CASES.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

562-35-3359

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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Alcoholic Beverages Control Commission
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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000090**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **FEI AND LING RESTAURANT, INC**

DOING BUSINESS AS **HONG KONG TREASURES**

ADDRESS: **28 COUNTY ST**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **YUAN, XIAOLING** TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and
Malt Regular**

DESCRIPTION OF LICENSED PREMISES:

**ONE STORY MANSONRY BLDG CONTAINING APPROX 2400 SF CONSISTING OF DINING
ROOM, SMALL PARTY ROOM, SUSHI AREA AND KITCHEN. ONE ENTRANCE AT FRONT
AND STAFF ENTRANCE TO KITCHEN ON THE SIDE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

043-53-1754

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000091**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **VAN MY THI DAO**

DOING BUSINESS AS **NORM'S EMPORIUM**

ADDRESS: **9 PARK ST**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER:

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

2 STORY BLDG APPROX 2400 SQ FT PLUS FULL BASEMENT FOR STORAGE. ENTRANCE IN FRONT OF BLDG, REAR EXIT FOR EMERGENCY EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

026-62-5293

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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Alcoholic Beverages Control Commission
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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN [ATTLEBORO](#)

LICENSE NUMBER: [005000092](#)

APPLICATION FOR RENEWAL:

[Annual](#)

LICENSED FOR [2013](#)

CLASS

YEAR

LICENSEE NAME: [A.J. SEABRA SUPERMARKETS IX, INC.](#)

DOING BUSINESS AS

ADDRESS: [217-19 SOUTH MAIN ST](#)

CITY/TOWN [ATTLEBORO](#)

STATE: [MA](#)

ZIP CODE: [02703](#)

MANAGER: [VEZINA, ALAN](#)
[JOSEPH](#)

TYPE OF LICENSE: [Package Store](#)

CATEGORY: [Wine and](#)
[Malt Regular](#)

DESCRIPTION OF LICENSED PREMISES:

[ONE STORY BLDG. LOCATED AT 217-219 SO. MAIN ST.STOCK TO BE PLACED IN LOCKED
STORAGE AREA CUSTOMER EXIT AT FRONT OF STORE,STOCK ENTRANCE AT REAR
LOADING PLATFORM.](#)

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

[421-59-9746](#)

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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Alcoholic Beverages Control Commission
239 Causeway Street
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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000093**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **RAYMOND F. CONNORS, JR.**

DOING BUSINESS AS **JR'S BAR & GRILL**

ADDRESS: **147 PINE STREET**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **CONNORS, RAYMOND F. JR.** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

035-38-6933

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000095**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ZOTICO VASQUEZ**

DOING BUSINESS AS **EL AZTECA RESTAURANT**

ADDRESS: **71--73 PLEASANT STREET**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **VASQUEZ,
ZOTICO**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

037-50-4057

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000098**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **YEHYA ELKAHATIB**

DOING BUSINESS AS **BORDER BETS & BUTTS**

ADDRESS: **661 WASHINGTON ST**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER:

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and
Malt Regular**

DESCRIPTION OF LICENSED PREMISES:

**ONE STORY BLDG WITH THREE ENTRANCES. WALK IN COOLER AND STORAGE IN ROOM
AT THE REAR OF STORE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

043-31-2908

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000100**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **SHANGHAI RESTAURANT ASSOCIATES, LLC**

DOING BUSINESS AS **SHANGHAI GARDENS RESTAURANT**

ADDRESS: **901 WASHINGTON STREET**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **MUI, DEREK M.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

200-59-7220

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000102**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **FONG GARDEN INC.**

DOING BUSINESS AS **SINGAPORE RESTAURANT**

ADDRESS: **111 PLEASANT STREET**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **SOONG, DANIEL**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

APPROX. 3400 S/F W/ MAIN DINING AREA WITH BUFFET SERVICE AND SEPARATE DINING/BAR AREA AT FRONT OF BLDG. RESTROOMS AT REAR OF BLDG. ONE ENTRANCE/EXIT AT FRONT; KITCHEN & FOOD PREP AREA TO RIGHT REAR OF BLDG. LIQUOR STORE IN BAR AREA & STORAGE RM. BEHIND BAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

202-94-1850

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000103**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **UR OF ATTLEBORO MA,LLC**

DOING BUSINESS AS **UNO CHICAGO GRILL**

ADDRESS: **221 WASHINGTON ST**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **BRENNAN,
STEPHEN P.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

bldg consists of approx 6997 sq ft containing a dining room, bar/lounge, kitchen, prep area, service area and public restroom. Patio that will seat an additional 38 persons. Ab will be stored in a locked hot/cold cooler

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

841-65-1439

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000104**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **COZY ONE, INCORPORATED**

DOING BUSINESS AS **COZY MINI MART**

ADDRESS: **1 NORTH AVENUE**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **PATEL,PINA**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and
Malt Regular**

DESCRIPTION OF LICENSED PREMISES:

1700 S/F IN ONE STORY BLDG. ONE FIRE EXIT AT REAR OF BLDG. ALCOHOL STORED IN WALK-IN COOLER; GROCERY PORTION OF STORE WILL BE MOVING INTO VACANT LAUNDRY IN SAME BLDG. THUS SEPARATING GROCERY AISLES FR. BEER/WINE AISLES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

001-02-8730

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000105**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BABA KIRILOS, INC.**

DOING BUSINESS AS **ELI'S**

ADDRESS: **99 COUNTY STREET**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **MOAWDE,
NASHAT**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and
Malt Regular**

DESCRIPTION OF LICENSED PREMISES:

**1 STORY BLDG. OF WOOD AND CEMENT HAVING A DINING ROOM, KITCHEN 2 BATHRMS
, 1 FRONT ENT. FOR CUSTOMERS AND 1 SIDE ENT FOR DELIVERIES. 1 REAR ENTRANCE
FOR EMPLOYEES/ EMERGENCYEXIT. SEATING FOR WALK IN COOLER FOR STORAGE IF
BEER AND WIND.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

262-52-0703

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000106**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ATTLEBORO CONVENIENCE INC.**

DOING BUSINESS AS

ADDRESS: **850 WASHINGTON STREET**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **BHATTACJERYA, SHYAMAL KUMAR**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and Malt Regular**

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING WITH 3 SETS OF DOORS, ONE AT FRONT OF WASHINGTON STREET , ONE EACH TO THE LEFT AND RIGHT AT THE FRONT OF THE STORE THE PARKING LOTS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

204-16-3765

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000107**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **MO-WASH LLC**

DOING BUSINESS AS

ADDRESS: **100 WASHINGTON STREET**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **ELDER,
TERRANCE**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and
Malt Regular**

DESCRIPTION OF LICENSED PREMISES:

BUSINESS WILL BE A COMBINATION GAS STATION/CONVENIENCE STORE. BLDG IS CURRENTLY UNDER CONSTRUCTION. 4500 SQ.FT. WITH ONE ENTRANCE/EXIT AT THE FONT OF BLDG. WINE/MALT BEVERAGES WILL BE STORED IN 30'X12' COOLER LOCATED NEAR THE RIGHT REAR OF BLDG. AND IN A STORAGE ROOM DIRECTLY BEHIND THE COOLER.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

203-66-9111

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000108**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **THE FRESH CATCH IV,INC**

DOING BUSINESS AS

ADDRESS: **88 UNION STREET**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **SARRO,WILLIAN**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

ONE STORY ONE FLOOR WITH NO CELLAR,KITCHEN FOUR EXITS AND A FULL LENTH PATIO ON THE NORTH SIDEE OF THE EXISTING BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

260-90-6959

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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Alcoholic Beverages Control Commission
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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000109**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **NNMV,INC**

DOING BUSINESS AS

ADDRESS: **595 WASHINGTON STREET**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **NIKOLAOS,NICOL OS** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**ONE STORY BLDG.APPROX. 3500 sf. Seating capacity inside 76 and seasonal outside on patio 24.
Restrooms , entrances and exits. Ab stored in basement**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

205-69-9068

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000110**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **GREAT ARRIVALS.COM**

DOING BUSINESS AS **GREAT ARRIVALS GIFT BASKETS**

ADDRESS: **70 B FRANK MOSSBERG DRIVE**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **SILVEIRA,
THERESA**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and
Malt Regular**

DESCRIPTION OF LICENSED PREMISES:

**10000 SQ. FT. WAREHOUSE DIVIDED AND SHARED WITH ANOTHER TENANT..ARRIVALS
CONTAINS 5000 SQ. FT...FRONT ENTRANCE, BACK, AND SIDE ENTRANCE/EXIT AND TWO
INTERIOR DOORS TO THE OTHER SIDE OF BLDG. ALSO HAS AN OVERHEAD EXTERIOR
DOOR**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

043-48-8943

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000111**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **PIN MANIVONG**

DOING BUSINESS AS **CALA CAFÉ**

ADDRESS: **80 O'NEIL BOULEVARD**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **MANIVONG, PAN** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**BUILDING IS A ONE STORY BUILDING CONTAINING APPROXIMATELY 1200 SQ FT WITH
AKITCHEN, PREP AREA, BAR TABLE AND STORAGE AREA...ENTRANCE/EXIT WILL BE
ON O'NEIL BOULEVARD SIDE OF BUILDING**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

037-50-3573

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000112**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **STEWIE,INC.**

DOING BUSINESS AS **SCORPIO'S ITALIAN EATERY AND PIAAERIA**

ADDRESS: **55 PARK STREET**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **CONSTANTINI,ELI** TYPE OF LICENSE: **Restaurant**
SABETTA

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**TWO STORIES WITH BRICK AND GLASS WITH A FURLL BASEMRND,A
KITCHEN,BAR,LOUNGE AND HOSTESS AREA.SEATING CAPACITY IS 82.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

001-00-6319

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000113**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **JILLAMBER**

DOING BUSINESS AS **PAPAGALLO RESTAURANTE'**

ADDRESS: **87 PLEASANT STREET**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **AMAYA, EVER**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

APPROX. 3,060 SQ. FT. ON FIRST FLOOR WITH A FRONT AND REAR EXIT AND FRONT ENTRANCE. THERE WILL BE A BAR, BOOTHS FOR EATING AND A BAKERY AREA. SEATING CAPACITY WILL BE 70.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

272-34-0662

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000114**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BAI THAI INC.**

DOING BUSINESS AS **SAKURA**

ADDRESS: **809 WASHINGTON STREET**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **BI LI LIU**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

PREMISES HAS 3 WAYS OF EGRESS AND IS HANDICAPPED ACCESSIBLE. RESTAURANT IS LOCATED OFF ROUTE 1 WITH ABOUT 40 PARKING SPACES AVAILABLE. THE BUILDING IS CURRENTLY UNDERGOING REMODELING AND WILL HAVE FOUR ADDITIONAL HIBACHI TABLES AND A SUSHI BAR. DINING ROOM WILL HAVE NEW FLOORING, CEILING, LIGHTING AND WALL.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

273-78-3993

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000116**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **SILVA ENTERPRISES LLC**

DOING BUSINESS AS **SANGRIAS**

ADDRESS: **59 PARK STREET**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **SILVA JR., ARTUR J.** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

HAS THREE EXITS; ONE IN THE FRONT; ONE OFF THE KITCHEN; AND ONE OTHER IN THE BACK DINING ROOM..BLDGCONTAINS 2040 SQ FT AND HAS AN OPEN FLOOR PLAN AND BAR AREA...ALCOHOL WILL BE STORED IN A COOLER IN THE BASEMENT STORAGE ROOM..

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

263-84-3269

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN [ATTLEBORO](#)

LICENSE NUMBER: [005000117](#)

APPLICATION FOR RENEWAL:

[Annual](#)

LICENSED FOR [2013](#)

CLASS

YEAR

LICENSEE NAME: [MILLER'S ROAST BEEF II, INC.](#)

DOING BUSINESS AS

ADDRESS: [734 NEWPORT AVENUE](#)

CITY/TOWN [ATTLEBORO](#)

STATE: [MA](#)

ZIP CODE: [02703](#)

MANAGER: [GRAHAM,
GWENDOLYN](#)

TYPE OF LICENSE: [Restaurant](#)

CATEGORY: [Wine and
Malt Regular](#)

DESCRIPTION OF LICENSED PREMISES:

[BLDG IS ONE STORY WITH 3 EXITS. THERE IS A FRONT ENTRANCE.EXIT FOR
CUSTOMERS, 1 REAR EMERGENCY EXIT AND 1 SIDE ENTRANCE FOR DELIVERIES AND
EMPLOYEES. BEER/WINE BE KEPT IN A COOLER.](#)

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

[273-24-4292](#)

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000118**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **PATTERSON CREATIONS**

DOING BUSINESS AS

ADDRESS: **52 UNION STREET**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **BLACKER,
TAYLOR V.**

TYPE OF LICENSE: **General on
premise**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

BLDG. CONSISTS OF ONE FLOOR WITH 2,786 SQ.FT. FRONT AND BACK, AREA COVERED BY THE LICENSE WILL BE CAFÉ AREA IN COMBINATION WITH ART GALLERY & CUSTOM PICTURE FRAMING TOTAL SQ.FT. IN THIS ROOM IS 1,474 . IN AREA OF THE STOVE WILL BE A FRAM SHOP AND RECORDING ESTABLISHMENT ALONG WITH TWO BATHROOMS AND OFFICES AND FIVE EXHIBIT BAYS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

272-76-857

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ATTLEBORO**

LICENSE NUMBER: **005000119**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **CASSEYS LLC**

DOING BUSINESS AS **CASSEYS**

ADDRESS: **220 O'NEIL BOULEVARD**

CITY/TOWN **ATTLEBORO**

STATE: **MA**

ZIP CODE: **02703**

MANAGER: **LAMOTHE,
CASSEY L.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

ONE STORE BLDG. WITH 2 REAR EXITS, AN EXIT ON EACH SIDE OF THE BLDG., AND A DOUBLE DOOR FRONT ENTRANCE. BUILDING IS ALSO EQUIPPED WITH A FIRE SPRINKLER SYSTEM AND AN ANSUL SYSTEM. TO THE REAR OF THE BLDG. THERE IS SMOKING PATIO FOR EATING AND DRINKING WHICH IS FENCED IN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

455-11-8107

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)